

**San Andreas Regional Center
Home and Community-Based Services Waiver
Monitoring Review Report**

Conducted by:

**Department of Developmental Services
and
Department of Health Care Services**

October 12–23, 2020

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) and the Department of Health Care Services (DHCS) conducted the federal compliance monitoring review of the Home and Community-Based Services (HCBS) Waiver from October 12–23, 2020, at San Andreas Regional Center (SARC). The monitoring team members were Kelly Sandoval (Team Leader), Reyna Ambriz, Bonnie Simmons, Fam Chao, Natasha Clay, and Hope Beale from DDS, and JoAnn Wright, Kevin Phomthevy, Deeanna Tran, Janie Hironaka and Brent Garbett from DHCS.

Purpose of the Review

DDS contracts with 21 private, non-profit corporations to operate regional centers, which are responsible under state law for coordinating, providing, arranging or purchasing all services needed for eligible individuals with developmental disabilities in California. All HCBS Waiver services are provided through this system. It is the responsibility of DDS to ensure, with the oversight of DHCS, that the HCBS Waiver is implemented by regional centers in accordance with Medicaid statute and regulations.

Overview of the HCBS Waiver Programmatic Compliance Monitoring Protocol

The compliance monitoring review protocol is comprised of sections/components designed to determine if the consumers' needs and program requirements are being met and that services are being provided in accordance with the consumers' individual program plans (IPP). Specific criteria have been developed for the review sections listed below that are derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of HCBS Waiver services.

Scope of Review

The monitoring team reviewed a sample of 64 HCBS Waiver consumers. In addition, the following supplemental sample consumer records were reviewed: 1) 3 consumers whose HCBS Waiver eligibility had been previously terminated, and 2) 10 consumers who had special incidents reported to DDS during the review period of July 1, 2019 through June 30, 2020, and 3) 5 consumers who were enrolled in the HCBS Waiver during the review period.

The monitoring team completed visits to eight community care facilities (CCF). The team reviewed 23 CCF consumer records and interviewed and/or observed 45 selected sample consumers.

Overall Conclusion

SARC is in substantial compliance with the federal requirements for the HCBS Waiver program. Specific recommendations that require follow-up actions by SARC are included in the report findings. DDS is requesting documentation of follow-up actions taken by SARC in response to each of the specific recommendations within 30 days following receipt of this report.

Major Findings

Section I – Regional Center Self-Assessment

The self-assessment responses indicated that SARC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

Section II – Regional Center Consumer Record Review

Sixty-four sample consumer records were reviewed for 31 documentation requirements (criteria) derived from federal and state statutes and regulations and HCBS Waiver requirements. Two criteria were rated as not applicable for this review. Criterion 2.2 was 84 percent in compliance because 10 of the 64 applicable records did not contain a signed DS 2200 choice form. Criterion 2.6.b was 76 percent in compliance because 5 of the 21 applicable records did not contain a Standard Annual Review Form (SARF). Since SARC has transitioned to annual IPPs, there will be no follow-up review for this criterion.

2.10.a was 77 percent in compliance because 15 of the 64 applicable records did not contain the type and amount of services purchased by the regional center. Criterion 2.13.a was 74 percent in compliance because 11 of the 42 applicable records did not contain documentation of all required quarterly face-to-face visits. Criterion 2.13.b was 74 percent in compliance because 11 of the 42 applicable records did not contain documentation of all required quarterly reports of progress. The sample records were 95 percent in overall compliance for this review.

SARC's records were 95 percent and 94 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

New Enrollees: Five sample consumers were reviewed for level-of-care determination prior to receipt of HCBS Waiver services. SARC's records were 100 percent in overall compliance for this review.

Terminations: Three supplemental records were reviewed solely for documentation that SARC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility, or the consumer had voluntarily disenrolled from the HCBS Waiver. SARC's records were 100 percent in overall compliance for this review.

Section III – Community Care Facility Consumer Record Review

Twenty-three consumer records were reviewed at 21 CCFs for 19 documentation requirements (criteria) derived from Title 17, California Code of Regulations. The sample records were 99 percent in overall compliance for 19 criteria on this review.

SARC's records were 97 percent and 98 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016, respectively.

Section IV – Day Program Consumer Record Review

The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2020 review.

SARC's records were 98 percent in overall compliance for the collaborative reviews conducted in 2018 and in 2016.

Section V – Consumer Observations and Interviews

Forty-five sample consumers, or in the case of minors, their parents, were interviewed and/or observed at their CCFs or in independent living settings. The monitoring team observed that all of the consumers were in good health and were treated with dignity and respect. All of the interviewed consumers/parents indicated that they were satisfied with their services, health and choices.

Section VI A – Service Coordinator Interviews

Thirteen service coordinators were interviewed using a standard interview instrument. The service coordinators responded to questions regarding their knowledge of the consumer, the IPP/annual review process, the monitoring of services, health issues, and safety. The service coordinators were very familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VI B – Clinical Services Interview

The Health Services Coordinator and Health Services Associate Coordinator were interviewed together using a standard interview instrument. They responded to questions regarding the monitoring of consumers with medical issues, medications, behavior plans, the coordination of medical and mental health care for consumers, clinical supports to assist service coordinators, and the clinical team's role in the Risk Management and Mitigation Committee and special incident reporting.

Section VI C – Quality Assurance Interview

The Associate Director of Consumer Services was interviewed using a standard interview instrument. He responded to questions regarding how SARC is organized to conduct Title 17 monitoring reviews, verification of provider qualifications, resource development activities, special incident reporting, and QA activities where there is no regulatory requirement.

Section VII A – Service Provider Interviews

Eight service providers at eight CCFs were interviewed using a standard interview instrument. The service providers responded to questions regarding their knowledge of the consumer, the annual review process, and the monitoring of health issues, medication administration, progress, safety and emergency preparedness. The staff was familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VII B – Direct Service Staff Interviews

Seven CCF direct service staff were interviewed using a standard interview instrument. The direct service staff responded to questions regarding their knowledge of consumers, the IPP, communication, service delivery, procedures for safety, emergency preparedness, and medications. The staff were familiar with the consumers and knowledgeable about their roles and responsibilities.

Section VIII – Vendor Standards Review

The monitoring team reviewed eight CCFs utilizing a standard checklist with 23 criteria that are consistent with HCBS Waiver requirements. The reviewed vendors were in good repair with no immediate health or safety concerns observed.

Section IX – Special Incident Reporting

The monitoring team reviewed the records of the 64 HCBS Waiver consumers and 10 supplemental sample consumers for special incidents during the review period. SARC reported all special incidents for the sample selected for the HCBS Waiver review. For the supplemental sample, the service providers reported 9 of the 10 applicable incidents to SARC within the required timeframes, and SARC subsequently transmitted 9 of the 10 special incidents to DDS within the required timeframes. SARC's follow-up activities for the 10 consumer incidents were timely and appropriate for the severity of the situation.

SECTION I

REGIONAL CENTER SELF-ASSESSMENT

I. Purpose

The regional center self-assessment addresses the California Home and Community-Based Services (HCBS) Waiver assurances criteria and is designed to provide information about the regional center's processes and practices. The responses are used to verify that the regional center has processes in place to ensure compliance with federal and state laws and regulations.

The self-assessment obtains information about SARC's procedures and practices to verify that there are processes in place to ensure compliance with state and federal laws and regulations as well as the assurances contained in the HCBS Waiver application approved by the Centers for Medicare & Medicaid Services.

II. Scope of Assessment

SARC is asked to respond to questions in four categories that correspond to the HCBS Waiver assurances with which the regional center is responsible for complying. The questions are shown at the end of this section.

III. Results of Assessment

The self-assessment responses indicate that SARC has systems and procedures in place for implementing the state and HCBS Waiver requirements addressed in the self-assessment criteria.

✓ The full response to the self-assessment is available upon request.

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
State conducts level-of-care need determinations consistent with the need for institutionalization.	<p>The regional center ensures that consumers meet ICF/DD, ICF/DD-H, or ICF/DD-N facility level-of-care requirements as a condition of initial and annual eligibility for the HCBS Waiver Program.</p> <p>Regional center ensures that the regional center staff responsible for certifying and recertifying consumers' HCBS Waiver eligibility meet the federal definition of a Qualified Intellectual Disabilities Professional (QIDP).</p> <p>The regional center ensures that consumers are eligible for full-scope Medi-Cal benefits before enrolling them in the HCBS Waiver.</p>
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services.	<p>The regional center takes action(s) to ensure consumers' rights are protected.</p> <p>The regional center takes action(s) to ensure that the consumers' health needs are addressed.</p> <p>The regional center ensures that behavior plans preserve the right of the consumer to be free from harm.</p> <p>The regional center maintains a Risk Management, Risk Assessment and Planning Committee.</p> <p>The regional center has developed and implemented a Risk Management/Mitigation Plan.</p> <p>Regional centers and local Community Care Licensing offices coordinate and collaborate in addressing issues involving licensing requirements and monitoring of CCFs pursuant to the MOU between DDS and Department of Social Services.</p> <p>The regional center has developed and implemented a quality assurance plan for Service Level 2, 3 and 4 community care facilities.</p> <p>The regional center reviews each community care facility annually to assure services are consistent with the program design and applicable laws and oversees development and implementation of corrective action plans as needed.</p> <p>The regional center conducts not less than two unannounced monitoring visits to each CCF annually.</p> <p>Service coordinators perform and document periodic reviews (at least annually) to ascertain progress toward achieving IPP objectives and the consumer's and the family's satisfaction with the IPP and its implementation.</p> <p>Service coordinators have quarterly face-to-face meetings with consumers in CCFs, family home agencies, supported living services, and independent living services to review services and progress toward achieving the IPP objectives for which the service provider is responsible.</p> <p>The regional center ensures that needed services and supports are in place when a consumer moves from a developmental center (DC) to a community living arrangement.</p>

Regional Center Self-Assessment HCBS Waiver Assurances	
HCBS Waiver Assurances	Regional Center Assurances
Necessary safeguards have been taken to protect the health and welfare of persons receiving HCBS Waiver services (cont.)	Service coordinators provide enhanced case management to consumers who move from a DC by meeting with them face-to-face every 30 days for the first 90 days they reside in the community.
Only qualified providers serve HCBS Waiver participants.	The regional center ensures that all HCBS Waiver service providers have signed the "HCBS Provider Agreement Form" and meet the required qualifications at the time services are provided.
Plans of care are responsive to HCBS Waiver participant needs.	<p>The regional center ensures that all HCBS Waiver consumers are offered a choice between receiving services and living arrangements in an institutional or community setting.</p> <p>Regional centers ensure that planning for IPPs includes a comprehensive assessment and information-gathering process which addresses the total needs of HCBS Waiver consumers and is completed at least every three years at the time of his/her triennial IPP.</p> <p>The IPPs of HCBS Waiver consumers are reviewed at least annually by the planning team and modified, as necessary, in response to the consumers' changing needs, wants and health status.</p> <p>The regional center uses feedback from consumers, families and legal representatives to improve system performance.</p> <p>The regional center documents the manner by which consumers indicate choice and consent.</p>

SECTION II

REGIONAL CENTER CONSUMER RECORD REVIEW

I. Purpose

The review is based upon documentation criteria derived from federal/state statutes and regulations and from the Centers for Medicare & Medicaid Services' directives and guidelines relating to the provision of Home and Community-Based Services (HCBS) Waiver services. The criteria address requirements for eligibility, consumer choice, notification of proposed action and fair hearing rights, level of care, individual program plans (IPP) and periodic reviews and reevaluations of services. The information obtained about the consumer's needs and services is tracked as a part of the onsite program reviews.

II. Scope of Review

1. Sixty-four HCBS Waiver consumer records were selected for the review sample.

Living Arrangement	# of Consumers
Community Care Facility (CCF)	25
With Family	21
Independent or Supported Living Setting	18

2. The review period covered activity from July 1, 2019–June 30, 2020.

III. Results of Review

The 64 sample consumer records were reviewed for 31 documentation requirements derived from federal and state statutes and regulations and HCBS Waiver requirements. Three supplemental records were reviewed solely for documentation that SARC had either provided the consumer with written notification prior to termination of the consumer's HCBS Waiver eligibility, or the consumer had voluntarily disenrolled from the HCBS Waiver. Five supplemental records were reviewed for documentation that SARC determined the level of care prior to receipt of HCBS Waiver services.

The sample records were 100 percent in compliance for 19 criteria. There are no recommendations for these criteria. Two criteria were not applicable for this review.

- ✓ Findings for ten criteria are detailed below.

- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Findings and Recommendations

- 2.2 Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]

Findings

Fifty-four of the sixty-four (84 percent) sample consumer records contained a completed DS 2200 form. There were issues regarding the DS 2200 form for the following consumers:

1. Consumer #5: The consumer was determined eligible November 1, 2016. The DS 2200 was signed and dated September 25, 2020. Accordingly, no recommendation is required.
2. Consumer #12: The consumer was determined eligible August 1, 2013. The DS 2200 was signed and dated April 14, 2020. Accordingly, no recommendation is required.
3. Consumer #20: The consumer was determined eligible March 1, 2020. The DS 2200 form was not signed and dated by the consumer. Prior to the review the consumer passed away. Accordingly, no recommendation is required.
4. Consumer #27: The consumer was determined eligible December 1, 2019. The DS 2200 form was signed and dated September 25, 2020. Accordingly, no recommendation is required.
5. Consumer #30: The DS 2200 form was not signed by the conservator. Subsequent to the review the conservator signed the DS 2200. Accordingly, no recommendation is required.
6. Consumer #31: The consumer was determined eligible June 1, 2017. The DS 2200 form was signed and dated October 2, 2020. Accordingly, no recommendation is required.
7. Consumer #41: The consumer was determined eligible May 1, 2012. The DS 2200 form was signed and dated October 25, 2019. Accordingly, no recommendation is required.
8. Consumer #52: The DS 2200 form was not signed by the consumer. Subsequent to the review the consumer signed the DS 2200. Accordingly, no recommendation is required.

9. Consumer #54: The consumer was determined eligible November 1, 2018. The DS 2200 form was signed and dated by the parent on September 23, 2020. Accordingly, no recommendation is required.
 10. Consumer #57: The consumer was determined eligible August 1, 2019. The DS 2200 form was signed and dated by the parent on October 8, 2020. Accordingly, no recommendation is required.
- 2.5.b The consumer's qualifying conditions documented in the Client Development Evaluation Report (CDER) are consistent with information contained in the consumer's record. [SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]

Findings

Fifty-nine of the sixty-four (92 percent) sample consumer records documented level-of-care qualifying conditions that were consistent with information found elsewhere in the record. However, information contained in five consumer records (detailed below) did not support the determination that all the issues identified in the CDER and the Medicaid Waiver Eligibility Record (DS 3770) could be considered qualifying conditions. The following were identified as qualifying conditions on the DS 3770, but there was no supporting information in the consumer's records (IPP, progress reports, vendor reports, etc.) that described the impact of the identified conditions or need for services and supports:

1. Consumer #27: "substance abuse-convicted," "substance abuse-history," and "supervision to prevent harm/injury." Subsequent to the review, SARC updated the 3770. Accordingly, no recommendation is required.
2. Consumer #28: "supervision to prevent harm/injury." Subsequent to the review, an addendum was completed to add information supporting this qualifying condition to the record. Accordingly, no recommendation is required.
3. Consumer #32: "physical aggression." Subsequent to the review, an addendum was completed to add information supporting this qualifying condition to the record. Accordingly, no recommendation is required.
4. Consumer #48: "personal care." Subsequent to the review, SARC updated the DS 3770. Accordingly, no recommendation is required.
5. Consumer #61: "dressing." Subsequent to the review, SARC updated the DS 3770. Accordingly, no recommendation is required.

- 2.6.a The IPP is reviewed (at least annually) by the planning team and modified, as necessary, in response to the consumer's changing needs, wants or health status. [42 CFR 441.301(b)(1)(I)]

Findings

Fifty-nine of the sixty-four (92 percent) sample consumer records contained documentation that the consumer's IPP had been reviewed annually by the planning team. However, there was no documentation that the IPPs for five consumers were reviewed annually, as indicated below:

1. Consumer #38: The most recent annual was dated June 24, 2019;
2. Consumer #44: The most recent IPP was dated May 7, 2019;
3. Consumer #49: The previous IPP was dated September 8, 2017. However, the following review was not completed until September 2, 2020;
4. Consumer #57: The most recent IPP was dated May 9, 2019; and,
5. Consumer #63: The previous IPP was January 28, 2019. However, the following review was not completed until August 31, 2020.

2.6.a Recommendation	Regional Center Plan/Response
SARC should ensure that the IPPs for consumers #38, #44, #49, #57, and #63 are reviewed annually by the planning team.	<p>Consumer #38: New IPP was completed since the review and will be reviewed on an annual basis.</p> <p>Consumer #44: Since the last cycle review consumer has new IPP and has now changed IPP frequency to an annual IPP format</p> <p>Consumer #49: Since the last cycle review consumer's IPP has been reviewed annually</p> <p>Consumer: #57: Since the last cycle review the consumer's IPP has been reviewed annually and a new IPP is on file as well</p> <p>SARC will endeavor towards improved compliance in annual review of the IPP. There has been an increase of SARC</p>

	consumers opting towards annual IPPs versus bi-annual or tri-annual IPPs. This has seen an improvement in adhering to the annual IPP review requirement. Staff are trained on the method and importance of annual IPP review.
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- 2.6.b The HCBS Waiver Standardized Annual Review Form (SARF) is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary and that the consumer's health status and CDER have been reviewed. *(HCBS Waiver Requirement)*

Findings

Sixteen of the twenty-one (76 percent) applicable consumer records contained a completed SARF. However, records for five consumers did not contain a completed SARF as indicated below:

1. Consumer #38: The IPP was dated June 25, 2018;
2. Consumer #44: The IPP was dated May 7, 2019;
3. Consumer #49: The IPP was dated September 8, 2017; and,
4. Consumer #52: The SARF was dated February 14, 2020, but was not signed by the consumer. Subsequent to the review the consumer signed the SARF. Accordingly, no recommendation is required.
5. Consumer #57: The IPP was dated May 9, 2019.

2.6.b Recommendations	Regional Center Plan/Response
SARC should ensure that a SARF is completed and signed for consumers #38, #44, #49, and #57 during the annual IPP review process.	<p>Consumer# 38: New IPP was completed since the time of this review. New SARF for the consumer will be completed at the time of annual review</p> <p>Consumer #44: Since the last cycle review consumer has new IPP and has now changed IPP frequency to an annual IPP format. Consumer will now have an IPP in place of a SARF form on an annual basis.</p>

	<p>Consumer #49: Since the last cycle review consumer's IPP has been reviewed annually and a new SARF form has been completed.</p> <p>Consumer: #57: Since the last cycle review the consumer's IPP has been reviewed annually and a SARF has been completed to accurately reflect the review of the IPP.</p> <p>SARC will endeavor towards full compliance in successful completion of the required SARF form whenever there is an IPP that goes beyond an annual IPP. Staff is trained as to the SARF process for 1915c cases and as to the importance of documenting any and all progress towards established IPP goals.</p>
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- 2.7.a The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer or, where appropriate, his/her parents, legal guardian, or conservator. *[W&I Code §4646(g)]*

Findings

Sixty-three of the sixty-four (98 percent) sample consumer records contained IPPs that were signed by SARC and the consumers or conservators. However, the IPP for consumer #9 was not signed by the conservator. Subsequent to the review, the IPP for consumer #9 was signed by the conservator. Accordingly, no recommendation is required.

- 2.9.d The IPP addresses the services which the day program provider is responsible for implementing. *[W&I Code §4646.5(a)(2)]*

Findings

Thirty-five of the thirty-seven (95 percent) applicable sample consumer records contained an IPP that addressed the consumers' day program services. However, the IPPs for consumers #8 and #24 did not address the services which the day program provider is responsible for implementing. Subsequent to the review, an addendum was completed for consumers #8 and #24 addressing day program services. Accordingly, no recommendation is required.

- 2.10.a The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]

Findings

Forty-nine of the sixty-four (77 percent) sample consumer IPPs included a schedule of the type and amount of all services and supports purchased by SARC. However, IPPs for fifteen consumers did not indicate SARC funded services as indicated below:

Ten of the fifteen consumers had an IPP that did not indicate supplemental residential program support services. These services were added to address the consumers' needs during the COVID-19 pandemic due to the closure of day programs. For these services, SARC interpreted the DDS directive: supplemental staffing for residential providers; as a temporary change in the IPP process for these specific services. Instead of completing an addendum to the IPP to add these services, they documented in a Title 19 case note the agreement of the planning team and completed a purchase of service with the justification that these services were added due to the state of emergency during the COVID-19 pandemic.

Due to the nature of these services during the state of emergency and SARC's interpretation, DDS will waive the requirement for follow-up in this area. In addition, SARC has ensured these services are properly documented in the IPP by completing an addendum to add the supplemental residential program support services as per the requirement that the IPP includes a schedule of the type and amount of all services and supports purchased by the regional center.

1. Consumer #1: Supplemental Residential Program Support; corrected with an addendum dated November 12, 2020. Accordingly, no recommendation is required.
2. Consumer #4: Supplemental Residential Program Support; corrected with an addendum dated November 10, 2020. Accordingly, no recommendation is required.
3. Consumer #6: Supplemental Residential Program Support; corrected with an addendum dated November 10, 2020. Accordingly, no recommendation is required.
4. Consumer #8: Supplemental Residential Program Support; corrected with an addendum dated November 10, 2020. Accordingly, no recommendation is required.
5. Consumer #9: Supplemental Residential Program Support; corrected with an addendum dated October 1, 2020. Accordingly, no recommendation is required.

6. Consumer #10: Supplemental Residential Program Support; corrected with an addendum dated November 10, 2020. Accordingly, no recommendation is required.
 7. Consumer #12: Supplemental Residential Program Support; corrected with an addendum dated November 10, 2020. Accordingly, no recommendation is required.
 8. Consumer #16: Psychiatry; corrected with an updated schedule of services signed October 16, 2020. Accordingly, no recommendation is required.
 9. Consumer #17: Supplemental Residential Program Support; corrected with an addendum dated November 10, 2020. Accordingly, no recommendation is required.
 10. Consumer #20: Supplemental Residential Program Support; corrected with an addendum dated November 10, 2020. Accordingly, no recommendation is required.
 11. Consumer #21: Supplemental Residential Program Support; corrected with an addendum dated March 18, 2020. Accordingly, no recommendation is required.
 12. Consumer #27: Specialized Therapeutic Services; corrected with an addendum dated October 21, 2020. Accordingly, no recommendation is required.
 13. Consumer #31: Independent living services; corrected with an updated schedule of services signed October 15, 2020. Accordingly, no recommendation is required.
 14. Consumer #44: Behavioral management program; corrected with an addendum dated October 20, 2020. Accordingly, no recommendation is required.
 15. Consumer #61: Translator; corrected with an addendum dated October 19, 2020. Accordingly, no recommendation is required.
- 2.12 Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation.
[W&I Code §4646.5(a)(6)]

Findings

Sixty-two of the sixty-four (97 percent) applicable sample consumer records contained documentation of periodic review and reevaluation of consumer progress at least annually. However, the records for consumers #49 and #63 did not contain documentation that the consumer's progress had been reviewed within the year. Specifically, there was no documentation (e.g., consumer signatures on a current IPP or standardized annual review form) to indicate the consumer's progress or satisfaction with implementation of the IPP.

2.12 Recommendation	Regional Center Plan/Response
SARC should ensure that a review and reevaluation of progress regarding planned services, timeframes, and satisfaction for consumers #49 and #63 is completed and documented at least annually.	<p>Consumer #49: Since the time of this cycle review the client's progress towards established IPP goals has been documented in an annual review and updated schedule of services record. This includes the consumer's signatures.</p> <p>Consumer #63: Since the time of this cycle review the client's progress towards established IPP goals has been documented in an annual review and updated schedule of services record. This includes the consumer's signatures.</p> <p>SARC will endeavor towards improved compliance in this area. Signatures were a challenge to collect at times during the state of emergency. Since then, we have established and developed the use of electronic signatures and successfully increased our use of them towards improved compliance.</p>

- 2.13.a Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (*Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement*)

Findings

Thirty-one of the forty-two (74 percent) applicable sample consumer records had quarterly face-to-face meetings completed and documented. However, the records for 11 consumers did not meet the requirement as indicated below:

1. The records for consumers #5, #6, #13, #16, #35, #36 and #41 contained documentation of only three of the required meetings.
2. The records for consumers #10, #12, #32 and #38 contained documentation of only two of the required meetings.

2.13.a Recommendations	Regional Center Plan/Response
<p>SARC should ensure that all future face-to-face meetings are completed and documented each quarter for consumers #5, #6, #10, #12, #13, #16, #32, #35, #36, #38 and #41.</p>	<p>Consumer #5: Since the time of this review quarterly face-to-face (F-F) meetings have improved and been documented.</p> <p>Consumer #6: Since the time of this review quarterly F-F meetings have improved and been documented.</p> <p>Consumer #10: Since the time of this review quarterly F-F meetings have improved and been documented.</p> <p>Consumer #12: Since the time of this review quarterly F-F meetings have improved and been documented.</p> <p>Consumer #13: Since the time of this review quarterly F-F meetings have improved and been documented. There is also a new service coordinator for this consumer</p> <p>Consumer #16: Since the time of this review quarterly F-F meetings have improved and been documented.</p> <p>Consumer #32: Since the time of this review quarterly F-F meetings have improved and been documented.</p>

	<p>Consumer #35: Since the time of this review quarterly F-F meetings have improved and been documented.</p> <p>Consumer #36: Since the time of this review quarterly F-F meetings have improved and been documented.</p> <p>Consumer #38: Since the time of this review quarterly F-F meetings have improved and been documented.</p> <p>Consumer #41: Since the time of this review quarterly F-F meetings have improved and been documented.</p>
<p>In addition, SARC should evaluate what actions may be necessary to ensure that quarterly face-to face meetings are completed and documented for all applicable consumers.</p>	<p>Since the time of the last cycle audit, and consequently from frequent cycle audit findings in regard to our quarterly reporting being out of compliance, SARC was asked for a comprehensive separate follow-up. SARC was asked to track all F-F quarterly interactions on a monthly basis from August to October. This included all SARC consumers, including those not on the waiver program. From this process SARC was able to increase accountability and frequency of F-F visits by adapting and learning new tracking mechanisms. Additionally, SARC successfully completed this request from the department with 80% and above month-month F-F reporting. SARC utilized this report to train staff and managers as to the importance of quarterly visits and its relation to the health and safety of the consumer. SARC will continue to train staff and endeavor towards full compliance in this area of F-F visits.</p>

- 2.13.b Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. (Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)

Findings

Thirty-one of the forty-two (74 percent) applicable sample consumer records had quarterly reports of progress completed for consumers living in community out-of-home settings. However, the records for 11 consumers did not meet the requirement as indicated below:

1. The records for consumers #5, #6, #13, #16, #35, #36 and #41 contained documentation of only three of the required quarterly reports of progress.
2. The records for consumers #12, #32 and #38 contained documentation of only two of the required quarterly reports of progress.
3. The record for consumer #10 contained documentation of only one of the required quarterly reports of progress.

2.13.b Recommendations	Regional Center Plan/Response
SARC should ensure that future quarterly reports of progress are completed for consumers #5, #6, #10, #12, #13, #16, #32, #35, #36, #38 and #41.	<p>Consumer #5: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #6: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #10: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #12: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #13: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #13: Since the time of this review quarterly documentation has improved for this consumer. There is</p>

	<p>also a new service coordinator for this consumer.</p> <p>Consumer #16: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #32: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #35: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #36: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #38: Since the time of this review quarterly documentation has improved for this consumer.</p> <p>Consumer #41: Since the time of this review quarterly documentation has improved for this consumer.</p>
<p>In addition, SARC should evaluate what actions may be necessary to ensure that quarterly reports of progress are completed for all applicable consumers.</p>	<p>Since the time of the last cycle audit, and consequently from frequent cycle audit findings in regard to our quarterly reporting being out of compliance, SARC was asked for a comprehensive separate follow-up. SARC was asked to track all quarterly documentation on a monthly basis from August to October. This included all SARC consumers, including those not on the waiver program. From this process SARC was able to increase successful documentation of quarterly visits by adapting and learning new tracking mechanisms. Additionally, SARC successfully completed this request from the department with 80% and above month-month quarterly report submission. SARC utilized this report to train staff and managers as</p>

	to the importance of quarterly visits and its relation to the health and safety of the consumer. SARC will continue to train staff and endeavor towards full compliance in this area of documenting our F-F quarterly meetings.
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Regional Center Consumer Record Review Summary Sample Size = 64 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.0	The consumer is Medi-Cal eligible. (SMM 4442.1)	64			100	None
2.1	Each record contains a Medicaid Waiver Eligibility Record (DS 3770), signed by a Qualified Intellectual Disabilities Professional (QIDP), which documents the date of the consumer's initial HCBS Waiver eligibility certification, annual recertifications, the consumer's qualifying conditions and short-term absences. [SMM 4442.1; 42 CFR 483.430(a)]	Criterion 2.1 consists of four sub-criteria (2.1.a-d) that are reviewed and rated independently.				
2.1.a	The DS 3770 is signed by a Qualified Intellectual Disabilities Professional and the title "QIDP" appears after the person's signature.	64			100	None
2.1.b	The DS 3770 form identifies the consumer's qualifying conditions and any applicable special health care requirements for meeting the Title 22 level-of-care requirements.	64			100	None
2.1.c	The DS 3770 form documents annual recertifications.	64			100	None
2.1.d	The DS 3770 documents short-term absences of 120 days or less, if applicable.			64	NA	None
2.2	Each record contains a dated and signed Medicaid Waiver Consumer Choice of Services/Living Arrangements form, (DS 2200). [SMM 4442.7; 42 CFR 441.302(d)]	54	10		86	See Narrative
2.3	There is a written notification of a proposed action and documentation that the consumer has been sent written notice of their fair hearing rights whenever choice of living arrangements is not offered, services or choice of services are denied, the consumer/parent/legal guardian or legal representative does not agree with all or part of the components in the consumer's IPP, or the consumer's HCBS Waiver eligibility has been terminated. [SMM 4442.7; 42 CFR Part 431, Subpart E; W&I Code §4646(g)]	3		64	100	None

Regional Center Consumer Record Review Summary Sample Size = 64 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.4	Each record contains a current Client Development Evaluation Report (CDER) that has been reviewed within the last 12 months. <i>(SMM 4442.5; 42 CFR 441.302)</i>	64			100	None
2.5.a	The consumer's qualifying conditions and any special health care requirements used to meet the level-of-care requirements for care provided in an ICF/DD, ICF/DD-H, and ICF/DD-N facility are documented in the consumer's CDER and other assessments. <i>[SMM 4442.5; 42 CFR 441.302(c); Title 22, CCR, §51343]</i>	64			100	None
2.5.b	The consumer's qualifying conditions documented in the CDER are consistent with information contained in the consumer's record.	59	5		92	See Narrative
2.6.a	IPP is reviewed (at least annually) by the planning team and modified as necessary in response to the consumer's changing needs, wants or health status. <i>[42 CFR 441.301(b)(1)(I)]</i>	59	5		92	See Narrative
2.6.b	The HCBS Waiver Standardized Annual Review Form is completed and signed annually by the planning team to document whether or not a change to the existing IPP is necessary, and health status and CDER have been reviewed. <i>(HCBS Waiver requirement)</i>	15	7	42	68	See Narrative
2.7.a	The IPP is signed, prior to its implementation, by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents or legal guardian or conservator. <i>[W&I Code §4646(g)]</i>	63	1		98	See Narrative
2.7.b	IPP addenda are signed by an authorized representative of the regional center and the consumer, or where appropriate, his/her parents, legal guardian, or conservator.	10		54	100	None
2.7.c	The IPP is prepared jointly with the planning team. <i>[W&I Code §4646(d)]</i>	64			100	None
2.8	The IPP includes a statement of goals based on the needs, preferences and life choices of the consumer. <i>[W&I Code §4646.5(a)]</i>	64			100	None

Regional Center Consumer Record Review Summary Sample Size = 64 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.9	The IPP addresses the consumer's goals and needs. [W&I Code §4646.5(a)(2)]	Criterion 2.9 consists of seven sub-criteria (2.9.a-g) that are reviewed independently.				
2.9.a	The IPP addresses the qualifying conditions identified in the CDER and Medicaid Waiver Eligibility Record (DS 3770).	64			100	None
2.9.b	The IPP addresses special health care requirements.	10		54	100	None
2.9.c	The IPP addresses the services which the CCF provider is responsible for implementing.	25		39	100	None
2.9.d	The IPP addresses the services which the day program provider is responsible for implementing.	35	2	27	95	See Narrative
2.9.e	The IPP addresses the services which the supported living services agency or independent living services provider is responsible for implementing.	19		45	100	None
2.9.f	The IPP addresses the consumer's goals, preferences and life choices.	64			100	None
2.9.g	The IPP includes a family plan component if the consumer is a minor. [W&I Code §4685(c)(2)]	11		53	100	None
2.10.a	The IPP includes a schedule of the type and amount of all services and supports purchased by the regional center. [W&I Code §4646.5(a)(4)]	49	15		77	See Narrative
2.10.b	The IPP includes a schedule of the type and amount of all services and supports obtained from generic agencies or other resources. [W&I Code §4646.5(a)(4)]	64			100	None
2.10.c	The IPP specifies the approximate scheduled start date for the new services. [W&I Code §4646.5(a)(4)]	10		54	100	None
2.11	The IPP identifies the provider or providers of service responsible for implementing services, including but not limited to vendors, contract providers, generic service agencies and natural supports. [W&I Code §4646.5(a)(4)]	64			100	None

Regional Center Consumer Record Review Summary Sample Size = 64 + 3 Supplemental Records						
	Criteria	+	-	N/A	% Met	Follow-up
2.12	Periodic reviews and reevaluations of consumer progress are completed (at least annually) to ascertain that planned services have been provided, that consumer progress has been achieved within the time specified, and the consumer and his/her family are satisfied with the IPP and its implementation. <i>[W&I Code §4646.5(a)(6)]</i>	62	2		97	See Narrative
2.13.a	Quarterly face-to-face meetings are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	31	11	22	74	See Narrative
2.13.b	Quarterly reports of progress are completed for consumers living in community out-of-home settings, i.e., Service Level 2, 3 or 4 community care facilities, family home agencies or supported living and independent living settings. <i>(Title 17, CCR, §56047; Title 17, CCR, §56095; Title 17, CCR, §58680; Contract requirement)</i>	31	11	22	74	See Narrative
2.14	Face-to-face reviews are completed no less than once every 30 days for the first 90 days following the consumer's move from a developmental center to a community living arrangement. <i>(W&I Code §4418.3)</i>			64	NA	None

SECTION III

COMMUNITY CARE FACILITY CONSUMER RECORD REVIEW

I. Purpose

The review addresses the requirements for community care facilities (CCF) to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) for which the facility is responsible. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

Twenty-three consumer records were reviewed at 21 CCFs. The facilities' consumer records were reviewed to determine compliance with 19 criteria.

III. Results of Review

The consumer records were 99 percent in compliance for 19 criteria.

- ✓ The sample records were 100 percent in compliance for 16 applicable criteria. There are no recommendations for these criteria.
- ✓ Findings for three criteria are detailed below.
- ✓ A summary of the results of the review is shown in the table at the end of this section.

IV. Finding and Recommendation

- 3.2 A written admission agreement is completed for the consumer that is signed by the consumer or his/her authorized representative, the regional center, and the facility administrator that includes the certifying statements specified in Title 17. [Title 17, CCR, §56019(c)(1)]

Finding

Twenty-two of the twenty-three (96 percent) sample consumer records contained a completed and signed admission agreement. However, the record for consumer #5 at CCF #19 did not have an admission agreement that was signed by the consumer and/or their authorized representative.

3.2 Recommendation	Regional Center Plan/Response
SARC should ensure that CCF #19 has a signed admission agreement by consumer #5 and/or their authorized representative.	<p>CCF #19/Consumer #5: SARC confirmed facility has a signed admissions agreement.</p> <p>SARC will endeavor to ensure all CCFs have a signed admissions agreement for each consumer. SARC engages in and offers trainings to our vendors for their documentation requirements.</p>

3.3 The facility has a copy of the consumer's current IPP. *[Title 17, CCR, §56022(c)]*

Finding

Twenty-two of the twenty-three (96 percent) sample consumer records contained a copy of the consumer's current IPP. However, the record for consumer #12 at CCF #16 did not have a copy of the current IPP. However, subsequent to the review a copy of the current IPP was added to the consumer's CCF record. Accordingly, no recommendation is required.

3.5.a Service Level 4 facilities prepare and maintain written quarterly reports of the consumer's progress that are completed within 30 days of the end of the quarter. *[Title 17, CCR, §56026(c)]*

Finding

Twenty-one of the twenty-three (89 percent) applicable sample consumer records contained quarterly reports of the consumer's progress. However, the record for consumer #23 at CCF #7 and consumer #12 at CCF #16 contained only three of the required quarterly reports of consumer's progress.

3.5.a Recommendation	Regional Center Plan/Response
SARC should ensure that future quarterly reports of progress are completed by CCFs #7 and #16 for consumers #23 and #12.	<p>CCF #7/Consumer #23: CCF was reminded as to the importance of adhering to the quarterly progress documentation requirement.</p> <p>SARC will endeavor to assure all CCFs adhere to accurate and timely reporting for our consumers on a quarterly basis.</p>

	<p>CCF #16/Consumer #12: CCF was reminded as to the importance of adhering to the quarterly progress documentation requirement.</p> <p>SARC will endeavor to assure all CCFs adhere to accurate and timely reporting for our consumers on a quarterly basis. SARC offers trainings to our vendors to adhere to timely reporting.</p>
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Community Care Facility Record Review Summary Sample Size: Consumers = 23; CCFs = 21						
	Criteria	+	-	N/A	% Met	Follow-up
3.1	An individual consumer file is maintained by the CCF that includes the documents and information specified in Title 17 and Title 22. <i>[Title 17, CCR, §56017(b); Title 17, CCR, §56059(b); Title 22, CCR, §80069]</i>	23			100	None
3.1.a	The consumer record contains a statement of ambulatory or non-ambulatory status.	23			100	None
3.1.b	The consumer record contains known information related to any history of aggressive or dangerous behavior toward self or others.	15		8	100	None
3.1.c	The consumer record contains current health information that includes medical, dental and other health needs of the consumer including annual visit dates, physicians' orders, medications, allergies, and other relevant information.	23			100	None
3.1.d	The consumer record contains current emergency information: family, physician, pharmacy, etc.	23			100	None
3.1.e	The consumer record contains a recent photograph and a physical description of the consumer.	23			100	None
3.1.i	Special safety and behavior needs are addressed.	16		7	100	None
3.2	The consumer record contains a written admission agreement completed for the consumer that includes the certifying statements specified in Title 17 and is signed by the consumer or his/her authorized representative, the regional center and the facility administrator. <i>[Title 17, CCR, §56019(c)(1)]</i>	22	1		96	See Narrative
3.3	The facility has a copy of the consumer's current IPP. <i>[Title 17, CCR, §56022(c)]</i>	22	1		96	See Narrative

Community Care Facility Record Review Summary Sample Size: Consumers = 23; CCFs = 21						
	Criteria	+	-	N/A	% Met	Follow-up
3.4.a	Service Level 2 and 3 facilities prepare and maintain written semiannual reports of consumer progress. <i>[Title 17, CCR, §56026(b)]</i>	4		19	100	None
3.4.b	Semiannual reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	4		19	100	None
3.5.a	Service Level 4 facilities prepare and maintain written quarterly reports of consumer progress. <i>[Title 17, CCR, §56026(c)]</i>	16	2	5	89	See Narrative
3.5.b	Quarterly reports address and confirm the consumer's progress toward achieving each of the IPP objectives for which the facility is responsible.	19		4	100	None
3.5.c	Quarterly reports include a summary of data collected. <i>[Title 17, CCR, §56013(d)(4); Title 17, CCR, §56026]</i>	19		4	100	None
3.6.a	The facility prepares and maintains ongoing, written consumer notes, as required by Title 17. <i>[Title 17, CCR, §56026(a)]</i>	23			100	None
3.6.b	The ongoing notes/information verify that behavior needs are being addressed.	19		4	100	None
3.7.a	Special incidents are reported to the regional center within 24 hours after learning of the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	9		14	100	None
3.7.b	A written report of the special incident is submitted to the regional center within 48 hours after the occurrence of the special incident. <i>(Title 17, CCR, §54327)</i>	9		14	100	None
3.7.c	Follow-up activities were undertaken to prevent, reduce or mitigate future danger to the consumer. <i>(Title 17, CCR, §54327)</i>	9		14	100	None

SECTION IV

DAY PROGRAM CONSUMER RECORD REVIEW

I. Purpose

The review criteria address the requirements for day programs to maintain consumer records and prepare written reports of consumer progress in relation to the services addressed in the individual program plan (IPP) that the day program provider is responsible for implementing. The criteria are derived from Title 17, California Code of Regulations.

II. Scope of Review

The closure of day programs due to COVID-19 prevented the review of Section IV Day Program records and remote site visits for the 2020 review.

SECTION V

CONSUMER OBSERVATIONS AND INTERVIEWS

I. Purpose

The consumer observations are conducted to verify that the consumers appear to be healthy and have good hygiene. Interview questions focus on the consumers' satisfaction with their living situation, day program, work activities, health, choices, and regional center services.

II. Scope of Observations and Interviews

Forty-five of the sixty-four consumers, or in the case of minors, their parents, were interviewed and/or observed at their community care facilities, or in independent living settings.

- ✓ Twenty-seven consumers agreed to be interviewed by the monitoring teams.
- ✓ Eleven consumers did not communicate verbally or declined an interview but were observed.
- ✓ Seven interviews were conducted with parents of minors.
- ✓ Nineteen consumers were unavailable for or declined interviews.

III. Results of Observations and Interviews

All 45 consumers/parents of minors indicated satisfaction with their living situation, day program, work activities, health, choices, and regional center services. The appearance for all of the consumers who were interviewed and observed reflected personal choice and individual style.

IV. Findings and Recommendations

None

SECTION VI A

SERVICE COORDINATOR INTERVIEWS

I. Purpose

The interviews determine how well the service coordinators know their consumers, the extent of their participation in the individual program plan (IPP)/annual review process, and how they monitor services, health and safety issues.

II. Scope of Interviews

1. The monitoring team interviewed 13 SARC service coordinators.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to the consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service coordinators were very familiar with their respective consumers. They were able to relate specific details regarding the consumers' desires, preferences, life circumstances and service needs.
2. The service coordinators were knowledgeable about the IPP/annual review process and monitoring requirements. Service providers and family members provided input on the consumers' needs, preferences and satisfaction with services outlined in the IPP. For consumers in out-of-home placement settings, service coordinators conduct quarterly face-to-face visits and develop written assessments of consumer progress and satisfaction. In preparation for the quarterly visits, service coordinators review their previous progress reports, pertinent case notes, special incident reports, and vendor reports of progress.
3. To better understand issues related to consumers' use of medication and issues related to side effects, the service coordinators utilize SARC's medical director and online resources for medication.
4. The service coordinators monitor the consumers' services, health and safety during periodic visits. They are aware of the consumers' health issues. The service coordinators were knowledgeable about the special incident reporting process and work with the vendors to ensure all special incidents are reported and appropriate follow-up activities are completed.

SECTION VI B

CLINICAL SERVICES INTERVIEW

I. Purpose

The clinical services interview is used to obtain supplemental information on how the regional center is organized to provide clinical support to consumers and service coordinators. This interview aids in determining what measures the regional center is utilizing to ensure the ongoing health and safety of all Home and Community-Based Services Waiver consumers.

II. Scope of Interview

1. The questions in the interview cover the following topics: routine monitoring of consumers with medical issues, medications and behavior plans; coordination of medical and mental health care for consumers; circumstances under which actions are initiated for medical or behavior issues; clinical supports to assist service coordinators; improved access to preventive health care resources; role in Risk Management Committee and special incident reports (SIR).
2. The monitoring team interviewed the Health Services Coordinator and Health Services Associate Coordinator at SARC.

III. Results of Interview

1. The clinical team at SARC consists of a physician, psychologists, a board-certified behavior analyst (BCBA), registered nurses, an occupational therapist (OT), and a dental hygienist coordinator.
2. The clinical team is available to respond to the service coordinator's requests when there are concerns regarding consumers' health or safety issues. The clinical team can assist staff with medication reviews, as needed. The nurses review and approve approximately nine hundred restricted or special health condition care plans for consumers living in community care facilities or attending day programs. The nurses are available to evaluate consumers with medical issues to ensure appropriate placement and respite services. A bio-ethics team is in place for consumers who need conservatorship. The nurses are also involved in the surgical consent process for consumers who are unable to give informed consent. They also monitor hospitalized consumers, assist with discharge planning and end-of-life issues.
3. A psychologist and BCBA are available for consultation regarding behavior issues and may review behavior plans to assess for appropriateness. Also, the psychologist and BCBA will provide behavior training to regional center

- staff and vendors. The clinical staff have minimal involvement in the coordination of mental health services for clients; while they may be involved in suggesting a referral for mental health supports or working with the team to ensure coordination of comprehensive clinical supports for the clients in our Enhanced Behavioral Supports and Crisis homes, the service coordinator is typically the team member who coordinates supports across agencies. The clinical team does provide consultative support to the interdisciplinary team when needed.
4. The clinical team provides ongoing training and support to service coordinators, as well as training nurses for the community care homes and new employee orientation. The nurses offer providers training on topics such as medications, SIRs, signs and symptoms, dementia, pressure sores, nutrition, obesity, dysphagia and restricted healthcare plans. The clinical team assists with bio-ethics meetings and completes placement assessments for consumers moving out of developmental centers.
 5. SARC has improved health care access for its consumers through the following resources and/or programs:
 - ✓ The SARC dental coordinator reviews dental plans of care for consumers. Dentists vendored by SARC are available to provide anesthesia care, as needed. For complex cases, the dental coordinator will assess and help coordinate dental care based on consumer needs;
 - ✓ Six Registered Dental Hygienists-Alternative Practice see a select number of consumers three times per year;
 - ✓ The clinical team works with the local managed care health plan to coordinate care and eligibility for consumers;
 - ✓ Members of the clinical team attend county emergency preparedness meetings to obtain information for staff, consumers and providers; and,
 - ✓ The OT is available to evaluate consumers for durable medical equipment needs. The OT will also attend fair hearings and write Medi-Cal appeals for denied services.
 6. Members of the clinical team participate on the Risk Management and Quality Assurance Committees by reviewing all death and hospital-related SIRs. Other medically related SIRs are reviewed, as needed. Trainings may be provided based on SIR findings. The regional center also utilizes Mission Analytics Group, Inc., the State's risk management contractor, which meets twice a year to analyze special incidents for trends. The clinical team uses this information to make recommendations for appropriate follow-up.

SECTION VI C

QUALITY ASSURANCE INTERVIEW

I. Purpose

The interview with quality assurance (QA) staff ascertains how the regional center has organized itself to conduct Title 17 monitoring of community care facilities (CCF), two unannounced visits to CCFs, and service provider training. The interview also inquires about verification of provider qualifications, resource development activities, and QA among programs and providers where there is no regulatory requirement to conduct QA monitoring.

II. Scope of Interview

The monitoring team interviewed the Associate Director of Consumer Services, who is part of the team responsible for conducting SARC's QA activities.

III. Results of Interview

1. Service coordinators are responsible for conducting the Title 17 monitoring reviews for the Level 2, 3, and 4A-4H CCF homes. The QA manager monitors all level 4I CCF homes. Clinical staff and the behaviorist are invited to attend, as needed. In addition, two unannounced visits are conducted by service coordinators or other regional center staff, as appropriate. Reviews are generally conducted in the afternoon so that consumers may be interviewed and observed.
2. Results of the Title 17 reviews and unannounced visits are forwarded to the QA manager, who oversees corrective action plans (CAP) using a tracking system. The QA manager oversees activities related to CAPs, special incident reports (SIR) and trends. When issues of substantial inadequacies are identified, service coordinators, with assistance from the QA manager or the district manager, are responsible for developing CAPs and ensuring providers complete the requirements. SARC offers various regularly scheduled trainings for service providers and service coordinators (SC) in addition to a quarterly behavior skills training.
3. SARC maintains a Community Services Department that interviews potential providers, reviews applications and program designs and conducts new provider orientation. The QA manager monitors ongoing compliance issues, certifications and updates of continuing education hours. The Community Services Department investigates CAPs or significant issues for non-licensed vendors and providers where there is no regulatory requirement to monitor. An SC is assigned to each vendor and is responsible for issues relating to day programs, supported living services and independent living services.

When necessary, the SC will involve the QA department for technical support or follow-up.

4. SARC's QA manager, district managers and the SIR coordinator participate on the QA Advisory Committee, which meets monthly. The committee reviews information regarding SIRs, CAPs and trends and makes recommendations and/or conducts trainings for both providers and service coordinators. In addition, the QA manager has developed a committee called, "Let's Talk QA." This committee meets twice a month with service coordinators, district managers and other regional center staff to discuss and remedy relevant issues. The QA manager also attends the Mortality and Morbidity Committee meetings once a month. Managers, SCs and QA staff have the ability to staff a case as needed and are able to invite members of the health services department to present or discuss cases that may require that type of review.

SECTION VII A

SERVICE PROVIDER INTERVIEWS

I. Purpose

The interviews determine how well the service provider knows the consumers; the extent of their assessment process for the individual program plan (IPP) development and/or review; the extent of their plan participation; how the plan was developed; how service providers ensure accurate documentation, communicate, address and monitor health issues; their preparedness for emergencies; and how they monitor safety and safeguard medications.

II. Scope of Interviews

1. The monitoring team interviewed eight service providers at eight community care facilities where services are provided to the consumers who were visited by the monitoring team.
2. The interview questions are divided into two categories.
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The service providers were familiar with the strengths, needs and preferences of their consumer.
2. The service providers indicated that they conducted assessments of the consumer, participated in their IPP development, provided the program-specific services addressed in the IPPs and attempted to foster the progress of their consumer.
3. The service providers monitored the consumer's health issues and safeguarded medications.
4. The service providers communicated with people involved in the consumer's life and monitored progress.
5. The service providers were prepared for emergencies, monitored the safety of the consumer, and understood special incident reporting and follow-up processes.

SECTION VII B

DIRECT SERVICE STAFF INTERVIEWS

I. Purpose

The interviews determine how well the direct service staff know the consumers and their understanding of the individual program plan (IPP) and service delivery requirements, how they communicate, their level of preparedness to address safety issues, their understanding of emergency preparedness, and their knowledge about safeguarding medications.

II. Scope of Interviews

1. The monitoring team interviewed seven direct service staff at seven community care facilities where services are provided to the consumer who was visited by the monitoring team.
2. The interview questions are divided into two categories:
 - ✓ The questions in the first category are related to sample consumers selected by the monitoring team.
 - ✓ The questions in the second category are related to general areas.

III. Results of Interviews

1. The direct service staff were familiar with the strengths, needs and preferences of their consumer.
2. The direct service staff were knowledgeable about their roles and responsibilities for providing the services addressed in the consumer's IPP.
3. The direct service staff demonstrated that they understood the importance of communication with all individuals concerned with the consumer.
4. The direct service staff were prepared to address safety issues and emergencies and were familiar with special incident reporting requirements.
5. The direct service staff demonstrated an understanding about emergency preparedness.
6. The direct service staff were knowledgeable regarding safeguarding and assisting with self-administration of medications where applicable.

SECTION VIII

VENDOR STANDARDS REVIEW

I. Purpose

The review ensures that the selected community care facilities (CCF) are serving consumers in a safe, healthy and positive environment where their rights are respected. The review also ensures that CCFs are meeting the HCBS Waiver definition of a homelike setting.

II. Scope of Review

1. The monitoring teams reviewed a total of eight CCFs via remote electronic communication. Remote electronic communication was used to conduct service provider, direct staff and consumer interviews, as well as site inspections.
2. The teams used a monitoring review checklist consisting of 24 criteria. The review criteria are used to assess the physical environment, health and safety, medications, services and staff, consumers' rights, and the handling of consumers' money.

III. Results of Review

All of the CCFs were found to be in good condition with no immediate health and safety concerns. Specific findings and recommendations are detailed below.

IV. Findings and Recommendations

None

SECTION IX

SPECIAL INCIDENT REPORTING

I. Purpose

The review verifies that special incidents have been reported within the required timeframes, that documentation meets the requirements of Title 17, California Code of Regulations, and that the follow-up was complete.

II. Scope of Review

1. Special incident reporting of deaths by SARC was reviewed by comparing deaths entered into the Client Master File for the review period with special incident reports (SIR) of deaths received by the Department of Developmental Services (DDS).
2. The records of the 64 consumers selected for the Home and Community-Based Services (HCBS) Waiver sample were reviewed to determine that all required special incidents were reported to DDS during the review period.
3. A supplemental sample of 10 consumers who had special incidents reported to DDS within the review period was assessed for timeliness of reporting and documentation of follow-up activities. The follow-up activities were assessed for being timely, appropriate to the situation, resulting in an outcome that ensures the consumer is protected from adverse consequences, and that risks are either minimized or eliminated.

III. Results of Review

1. SARC reported all deaths during the review period to DDS.
2. SARC reported all special incidents in the sample of 64 records selected for the HCBS Waiver review to DDS.
3. SARC's vendors reported 9 of the 10 (90 percent) applicable incidents in the supplemental sample within the required timeframes.
4. SARC reported 9 of the 10 (90 percent) incidents to DDS within the required timeframes.
5. SARC's follow-up activities on consumer incidents were appropriate for the severity of the situations for the 10 incidents.

IV. Finding and Recommendation

#SIR 2: The incident occurred on September 4, 2019. However, SARC did not report the incident to DDS until September 12, 2019.

Recommendation	Regional Center Plan/Response
SARC should ensure that all incidents are reported to DDS within the required timeframe.	SARC will endeavor towards reporting all incidents to DDS within the deadline. SARC holds trainings for service coordinators and district managers for reporting incidents within the appropriate timeframe to DDS.

#SIR 3: The incident occurred on October 4, 2019. However, the vendor did not submit a written report to SARC until October 18, 2019.

Recommendation	Regional Center Plan/Response
SARC should ensure that the vendor for consumer #SIR 3 reports special incidents within the required timeframes.	<p>#SIR 3: Vendor for this consumer was reminded and instructed to submit all SIRs within the appropriate timeline. SARC will ensure vendor improves reporting timeliness.</p> <p>Vendors attend trainings on SIR and the process for submission. Vendors are trained on the importance of reporting a SIR within the appropriate timeline. SARC will continue to endeavor towards full compliance of appropriate adherence to reporting timelines.</p>

SAMPLE CONSUMERS AND SERVICE PROVIDERS/VENDORS

HCBS Waiver Review Consumers

#	UCI	CCF	DP
1	XXXXXXXX	10	
2	XXXXXXXX	21	
3	XXXXXXXX	1	
4	XXXXXXXX	11	
5	XXXXXXXX	19	
6	XXXXXXXX	3	
7	XXXXXXXX	18	
8	XXXXXXXX	14	
9	XXXXXXXX	9	
10	XXXXXXXX	12	
11	XXXXXXXX	13	
12	XXXXXXXX	16	
13	XXXXXXXX	17	
14	XXXXXXXX	15	
15	XXXXXXXX	15	
16	XXXXXXXX	4	
17	XXXXXXXX	8	
18	XXXXXXXX	5	
19	XXXXXXXX	2	
20	XXXXXXXX		
21	XXXXXXXX	6	
22	XXXXXXXX	8	
23	XXXXXXXX	7	
24	XXXXXXXX		
25	XXXXXXXX		
26	XXXXXXXX		
27	XXXXXXXX		
28	XXXXXXXX		
29	XXXXXXXX		
30	XXXXXXXX		
31	XXXXXXXX		
32	XXXXXXXX		
33	XXXXXXXX		
34	XXXXXXXX		
35	XXXXXXXX		
36	XXXXXXXX		
37	XXXXXXXX		

#	UCI	CCF	DP
38	XXXXXXXX		
39	XXXXXXXX		
40	XXXXXXXX		
41	XXXXXXXX		
42	XXXXXXXX		
43	XXXXXXXX		
44	XXXXXXXX		
45	XXXXXXXX		
46	XXXXXXXX		
47	XXXXXXXX		
48	XXXXXXXX		
49	XXXXXXXX		
50	XXXXXXXX		
51	XXXXXXXX		
52	XXXXXXXX		
53	XXXXXXXX	20	
54	XXXXXXXX		
55	XXXXXXXX		
56	XXXXXXXX		
57	XXXXXXXX		
58	XXXXXXXX		
59	XXXXXXXX		
60	XXXXXXXX		
61	XXXXXXXX		
62	XXXXXXXX		
63	XXXXXXXX		
64	XXXXXXXX		

Supplemental Sample Terminated Waiver Consumers

#	UCI
T-1	XXXXXXXX
T-2	XXXXXXXX
T-3	XXXXXXXX

HCBS Waiver Review Service Providers

CCF #	Vendor
1	XXXXXXXX
2	XXXXXXXX
3	XXXXXXXX
4	XXXXXXXX
5	XXXXXXXX
6	XXXXXXXX
7	XXXXXXXX
8	XXXXXXXX
9	XXXXXXXX
10	XXXXXXXX
11	XXXXXXXX
12	XXXXXXXX
13	XXXXXXXX
14	XXXXXXXX
15	XXXXXXXX
16	XXXXXXXX
17	XXXXXXXX
18	XXXXXXXX
19	XXXXXXXX
20	XXXXXXXX
21	XXXXXXXX

SIR Review Consumers

#	UCI	Vendor
SIR 1	XXXXXXXX	XXXXXXXX
SIR 2	XXXXXXXX	XXXXXXXX
SIR 3	XXXXXXXX	XXXXXXXX
SIR 4	XXXXXXXX	XXXXXXXX
SIR 5	XXXXXXXX	XXXXXXXX
SIR 6	XXXXXXXX	XXXXXXXX
SIR 7	XXXXXXXX	XXXXXXXX
SIR 8	XXXXXXXX	XXXXXXXX
SIR 9	XXXXXXXX	XXXXXXXX
SIR 10	XXXXXXXX	XXXXXXXX